

CONTRACT DATA PACKAGE RECOMMENDATION/DEFICIENCY REPORT		1. CONTROL NUMBER
SECTION I - FOR COMPLETION BY REPORTING ELEMENT		
2. THRU (ACO):	3. TO (PCO):	4. FROM:
4a. REPORTING ELEMENT ("X" appropriate box) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> CA <input type="checkbox"/> S&FM <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> OTHER </div>		
5. PRIORITY FOR ACO OR PCO REPLY <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> 14 DAY REPLY <input type="checkbox"/> 30 DAY REPLY <input type="checkbox"/> 45 DAY REPLY <input type="checkbox"/> NO REPLY <small>(Future PCO action)</small> </div>		6. CONTRACT NUMBER
7. NSN	8. CONTRACTORS NAME AND COMPLETE ADDRESS	
7a. ITEM NOUN NAME		
9. CONTRACT DATA PACKAGE PROBLEM ("X" applicable box(es) and explain below under item number 10)		
<input type="checkbox"/> A. CONTRACT AND SUPPORTING DOCUMENTATION LATE, MISSING, ILLEGIBLE, INSUFFICIENT COPIES, ETC.		
<input type="checkbox"/> B. DEFICIENT CONTRACT DATA PACKAGE <small>(If "X'd", then "X" areas below contributing to deficiency)</small>		
<input type="checkbox"/> (1) ITEM DESCRIPTION <input type="checkbox"/> (2) POINT OF INSPECTION OR ACCEPTANCE, COC OR FAST PAY <input type="checkbox"/> (3) GOVERNMENT PQA AND DELEGATION <input type="checkbox"/> (4) CODE NUMBER AND/OR ADDRESS MISSING OR INCORRECT <input type="checkbox"/> (5) PRESERVATION, PACKAGING, PACKING, CONSIGNMENT AND MARKING <input type="checkbox"/> (6) SPECIFICATIONS/DRAWINGS <small>(Attach DD Form 1426)</small> <input type="checkbox"/> (7) ITEM QUANTITY OR DOLLAR VALUE	<input type="checkbox"/> (8) MISSING, IMPROPER OR CONFLICTING QUALITY REQUIREMENTS <input type="checkbox"/> (9) CONFIGURATION MANAGEMENT, TECHNICAL DATA <input type="checkbox"/> (10) APPROPRIATION OR FINANCIAL DATA <input type="checkbox"/> (11) OTHER - CONTRACT ADMINISTRATION <input type="checkbox"/> (12) OTHER - S&FM <input type="checkbox"/> (13) OTHER - PRODUCTION <input type="checkbox"/> (14) OTHER - QUALITY, SAFETY	
10. DESCRIPTION OF DEFICIENCY AND APPROPRIATE RECOMMENDATION <small>(Key your explanations to the item numbers above, and if necessary, continue on separate sheet of paper)</small>		
11a. TYPED NAME, TITLE, TELEPHONE NO. OF INITIATOR		11b. SIGNATURE OF INITIATOR AND DATE
12a. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		12b. SIGNATURE OF REVIEWING OFFICIAL AND DATE
SECTION II - FOR COMPLETION BY ADMINISTRATIVE CONTRACTING OFFICER		
ACO RECOMMENDATION OR ACTION <small>(Return to initiator if PCO action is not required)</small>		ACO SIGNATURE
		DATE SIGNED
		<input type="checkbox"/> DEFICIENCY CORRECTED BY ACO <small>(If "X'd", attach modification)</small>
		<div style="display: flex; justify-content: space-between;"> <div>PCO ACTION</div> <div>IS</div> <div>IS NOT, REQUIRED</div> </div>
SECTION III - FOR COMPLETION BY PROCURING CONTRACTING OFFICER		
PCO ACTION TAKEN <small>(Return to initiator through ACO or CAO)</small>		PCO SIGNATURE
		DATE SIGNED

INSTRUCTIONS

Space 1. CONTROL NUMBER. To be assigned by reporting element. Enter the organizational code followed by last two digits of calendar year and suffixed by 1 and up through calendar year (Example - DCRB-DBQ-69-01).

Space 2. THRU (ACO)(When applicable). Process through the ACO when the problem involves a contractual change. Enter ACO name, office code, and complete address including Zip Code. Otherwise process directly to the PCO. In any event enter the contract administration office cognizant of reporting element.

Space 3. TO (PCO). Enter PCO name, office code, and complete address including Zip Code.

Space 4 & 4a. FROM. Enter organization name, office code, and complete address including Zip Code of reporting activity. Check appropriate reporting element box.

Space 5. PRIORITY FOR ACO/PCO REPLY. Check urgency in appropriate block.

Space 6. CONTRACT NUMBER. Enter contract number.

Space 7. NSN. Enter NSN, where appropriate to identify a specific line item on the report. Use space 10 when additional reporting is required.

Space 7a. ITEM NOUN NAME. Enter, where appropriate, to identify a specific line item on the report.

Space 8. CONTRACTOR'S NAME AND COMPLETE ADDRESS. Enter contractor's name and complete address including Zip Code. Include Federal Supply Code of Manufacturers if known.

Space 9. CONTRACT DATA PACKAGE PROBLEMS. Check in appropriate blocks A or B. When B is identified, check in sub-blocks to identify deficient condition(s). When Block B 6 is checked, the DD Form 1426 "Standardization Analysis Sheet" should be attached to this form.

Space 10. DESCRIPTION OF DEFICIENCY/RECOMMENDATION. Describe problem in detail with substantive facts including appropriate recommendations for solution.

Space 11a. TYPED NAME, TITLE, TELEPHONE NUMBER OF INITIATOR. Self-explanatory.

Space 11b. SIGNATURE OF INITIATOR AND DATE. Self-explanatory.

Space 12a. TYPED SIGNATURE AND TITLE OF REVIEWING OFFICIAL AND DATE. Self-explanatory.

Space 12b. SIGNATURE OF REVIEWING OFFICIAL AND DATE. Self-explanatory.

SECTION II - For Completion by Administrative Contracting Officer. When the DD Form 1716 is processed through an ACO because a contractual change is involved, the ACO will assure that the problem is beyond local resolution before the DD Form 1716 is forwarded, together with recommendations, to the PCO. Check appropriate blocks.

SECTION III - For Completion by Procuring Contracting Officer. Indicate action taken or to be taken with regard to the reported problem. Reply should be responsive to priority in space 5. Return to ACO or CAO as applicable.